

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN 47150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint Number: IN00150613; Unsubstantiated; Lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Date of survey: 1/8/15</p> <p>Facility number: 005040</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/02/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing service organization chart.</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review, interview and observation, the nurse executive failed to ensure the nursing staff followed facility policy related to documentation of skin impairment for 4 of 6 patients (patient #1, 2, 4, and 5).</p> <p>Findings include:</p> <p>1. Facility policy titled "Wound Assessment and Documentation" last reviewed/revised 7/15/12 states under policy on page 1: "All wounds will be assessed and documented in the patient's permanent record. This will be done upon initial identification of the wound, and with each dressing change and at least twice daily. Wound measurements are to be taken initially and then weekly." Under method of recording, the policy states: "Information re: wound status is to be documented via the computerized charting under nursing assessment wounds/incisions. For pressure ulcers, see protocol for required admission documentation." Under procedure: "1. Wound Location: Be as specific as possible,</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>using anatomical terms (i.e. medical, lateral, plantar surface, etc.) charting wound location. If necessary, use photographs or drawings to aid in descriptions."</p> <p>2. Review of patient #1 medical record indicated the following: (A) The initial skin assessment documented on 5/26/14 listed the patients skin as "flaky, fragile, reddened, bruised/ecchymotic". The assessment and/or medical record did not describe the location of the areas or the measurement of the areas per facility policy.</p> <p>3. Review of patient #2 medical record indicated the following: (A) The admission skin assessment on 5/26/14 listed the skin as reddened, bruised/ecchymotic. The location or size of the areas was not documented per facility policy.</p> <p>4. Review of patient #4 medical record indicated the following: (A) The admission skin assessment on 5/28/14 listed skin as fragile, bruised/ecchymotic, pupura, and a scab. The location or size of the areas was not documented per facility policy.</p> <p>5. Review of patient #5 medical record indicated the following: (A) The admission skin assessment on 1/7/15 listed the skin as fragile, pale, bruised/ecchymotic. The location or size of the areas was not documented per policy. (see observation of patient below)</p> <p>6. Staff member #2 (Medical Inpatient Manager) verified in interview beginning at 1:40 p.m. on 1/8/15 that the medical records for patients #1, 2, and 4 lacked documentation of the size,</p>	S 912		

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S 912	<p>Continued From page 3</p> <p>description or location of skin impairments.</p> <p>7. Patient #5 indicated in interview beginning at 1:45 p.m. on 1/8/15 that he/she had fallen outside at home the evening before. He/she indicated that the area under the bandage on his/her left arm was a tear in the skin that was from the fall.</p> <p>8. Staff member #3 (RN) indicated in interview beginning at 1:50 p.m. on 1/8/15 that the medical record for patient #5 did not include the size or location of skin impairments. He/she indicated that a nurse would have to put in narrative format to describe the areas and that had not been done.</p> <p>9. Staff member #1 (Chief Nursing Officer) verified in interview beginning at 2:45 p.m. on 1/8/15 and after checking with IT (Information Technology) that skin impairments were not documented in the medical records per policy for patients 1, 2, 4, and 5.</p> <p>10. During interview with patient #5 beginning at 1:45 p.m. on 1/8/15, it was observed that he/she had abrasions to the nose, cheek and chin areas and had bruising under the right eye and chin. He/she also had a scabbed area to the top of the left hand and a bandage covering an area on the left arm. These areas were not described in the medical record.</p>	S 912		